

**BOARD OF THE SOUTHWEST IDAHO TREATMENT CENTER**  
**MINUTES**  
**May 22, 2020**

Board of the Southwest Idaho Treatment Center convened via WebEx at:  
Southwest Idaho Treatment Center  
1660 11th Avenue North  
Nampa, Idaho 83687-3199

**BOARD MEMBERS PRESENT**

Miren Unsworth, Chairperson  
Ashley Dowell, Vice-Chair  
Jamie Newton  
Captain Curt Shankel  
Blake Brumfield  
Amanda Hanson  
Michael Sandvig  
Representative Jarom Wagoner  
Branden Smalley  
Greg Swanson, representing Chris Topmiller  
Senator David Nelson

Absent were Honorable Dayo O. Onanubosi, Sara Stover, & Shirley Beale.

**OTHERS PRESENT**

Alana Minton, Deputy Attorney General  
Cameron Gilliland, Family and Community Services (FACS) Deputy Administrator  
Lori Wolff, Department of Health and Welfare Deputy Director  
Joshua Ortiz, Liaison to the Board  
Stephanie Perry, FACS Project Manager  
Matthew Wimmer, Medicaid Division Administrator  
Chris Parish, Adult Protective Services  
Amy Cunningham, Disability Rights Idaho  
James White, SWITC

**CALL TO ORDER**

Following proper notice in accordance with Idaho Code, Section 67-2343, and pursuant to call by the Chairperson, the meeting of Advisory Board of the Southwest Idaho Treatment Center was called to order by *Miren Unsworth, Chairperson*, at 8:39 AM, May 22, 2020, via WebEx at the Southwest Idaho Treatment Center, 1660 11th Avenue North, Nampa, Idaho.

**WELCOME AND INTRODUCTIONS**

*Miren Unsworth, Chairperson*

## **APPROVAL OF MINUTES – Action Item**

*Ashley Dowell* motioned for the minutes from the 11/01/19 meeting to be approved. *Senator David Nelson* seconded the motion. Motion passed unanimously, see attached motion form.

## **LICENSURE SURVEY UPDATE**

*Jamie Newton, SWITC Administrator*

SWITC had its yearly certification and a complaint survey completed on September 26<sup>th</sup>, 2019.

- It was conducted by 2 federal CMS surveyors and a team of contracted surveyors.
- SWITC was not given specific details of the findings at the survey exit on September 29<sup>th</sup>, 2019.
- SWITC was not notified of the findings until a report at the end of October from the Licensing and Certification (L&C) team.
- SWITC was found to be out of compliance with 2 Conditions of Participation:
  - Governing Body
    - Governing body is usually considered to be out of compliance if any other Condition of Participation is taken out.
  - Client Protections
    - Client protections was taken out related to issues around Pre-Investigations (which had stopped prior to this survey) and negative client-to-client interactions.
    - SWITC had previously received poor guidance around Pre-Investigations, but realized the system had issues and corrected it before this survey.
      - The survey team acknowledged that SWITC had already corrected the issues surrounding Pre-Investigations, but still gave the citation because SWITC had used them previously.
- SWITC also received citations related to medication administration and staffing levels.
- Upon notification of the findings, no instructions were given about what SWITC's Plan of Correction (POC) should entail, to whom it should be submitted (CMS, contracted survey team, L&C), or when it was due until an additional letter was received from CMS on November 22<sup>nd</sup>, 2019.
  - February 24<sup>th</sup>, 2020 was then given as the due date to correct the issues.
- SWITC drafted a POC that went back forth between CMS, L&C, and SWITC.
  - There was continuous confusing/conflicting communication with L&C and CMS around what was required
  - SWITC's POC was accepted by CMS on January 28<sup>th</sup>, 2020.
- The survey and SWITC's response can be found here:  
[https://healthandwelfare.idaho.gov/Portals/0/Medical/LC9/092619SWITC\\_R\\_C.pdf](https://healthandwelfare.idaho.gov/Portals/0/Medical/LC9/092619SWITC_R_C.pdf)

CMS completed a follow-up survey on February 21<sup>st</sup>, 2020 (Friday afternoon).

- SWITC was notified of their findings on February 24<sup>th</sup>, 2020 (Monday morning).
- CMS complimented the changes SWITC had made, but still issued a citation for not meeting the Condition of Participation for Client Protections due to issues regarding:
  - Documentation of training.
  - Documentation of staff reassignments due to investigations.
  - 1 late investigation of reported abuse (due to the report being left on a voicemail that was not checked for a day and a half).

- SWITC completed a POC for the February survey and it was accepted.
  - CMS should have conducted a follow-up survey by April 24<sup>th</sup>, 2020 to be back in compliance.
    - CMS postponed all non-essential surveys until the COVID-19 emergency is over.

In the meantime, L&C conducted an off-site infection control survey, focusing on COVID-19 preparedness on April 8<sup>th</sup>, 2020.

- SWITC passed this survey and has become an example for what infection control preparedness looks like within the department.

L&C arrived to conduct an Imminent Jeopardy (IJ) complaint survey and on-site infection control survey on May 14<sup>th</sup>, 2020.

- SWITC still hasn't technically completed the February survey.
  - Passing this survey will not count towards completion of February's survey.
- L&C completed their survey and exited on May 20<sup>th</sup>, 2020.
  - There was no finding of IJ.
  - There is on-going discussion around informed consent.
  - There were no concerns around infection control.
    - L&C gave SWITC kudos for the work done around infection control.

*Amanda Hanson, Adult Protective Services*

Adult Protective Services' problems with SWITC's (survey-imposed) pattern-reporting requirements:

- In 6 months there have been 44 pattern reports sent to APS to cover client-to-client incidents—covering 182 total incidents.
- Only 4 of those 182 incidents required APS to look into them.
- Because of the reporting requirements, the amount of data coming to APS is overwhelming and making it difficult for APS to observe and address the incidents/patterns that are actually concerning.

## **COVID-19 SAFETY MEASURES**

*Jamie Newton, SWITC Administrator*

SWITC began preparation for COVID-19 prior to the end of February.

- SWITC increased infection control practices and focused on it with all staff.
- SWITC management met with Nursing, Quality Management (QM) staff, and other key personnel to develop a plan.
- March 5<sup>th</sup>, SWITC instituted:
  - Daily infection control observations by QM staff.
  - Weekly educational emails from nursing to staff.
  - "Question of the Day" contest to increase staff's knowledge of infection control/COVID-19
    - Example: What is the single most effective way to prevent the spread of infections?

- Example: Based on the email sent out on March 5<sup>th</sup> from nursing, name five ways you can protect yourself and others from COVID-19.
    - Thorough inventory of all infection control and personal protective equipment (PPE).
- March 13<sup>th</sup>, began screening visitors on campus and communicated to all friends and family of SWITC clients that visits would take place off of the units in a specially designated area.
- March 16<sup>th</sup>, based on CMS guidance, all visitation and outings were put on hold until further notice.
- Limited access to the units to only essential staff.
- In-person meetings were cancelled unless social distancing protocols could be enacted.
- March 20<sup>th</sup>, implemented screening for all employees prior to their work shift.
  - Nursing reviews concerning screenings and determines if the staff needs to be sent home.
- Non-essential staff given options to work from home as much as possible for their positions.
- Staff met with clients and provided them additional education on COVID-19, infection control practices, and social distancing.
- April 4<sup>th</sup>, all staff required to wear a mask on the units with clients.
  - Staff working in other areas encouraged to wear a mask.
  - Cloth masks provided to clients for their use.
- SWITC's Scott Clark, RN Manager, and Matt Polito, RN and Infection Control Nurse, presented training to most of FACS staff on best practices when working with people in the community.
- To date, SWITC has had no cases of COVID-19 in our clients or staff.
- SWITC has enough PPE to keep up with the current demand.
- Management will be meeting at the beginning of June to develop a plan for re-introducing visits and outings for clients.

Does SWITC have a policy to 'keep 2 weeks in supply' or something similar?

- Not "in policy" but we are closely monitoring and tracking our supplies.

Has SWITC had to test any staff or clients for COVID?

- No; some staff have been tested outside of work, and some have become ill during this time—but none have been infected with COVID. SWITC definitely doesn't want people working if sick.

Has it caused shortages in staffing?

- No; we've been at or above staffing minimums consistently.

Does SWITC have a plan in place if someone were to be infected?

- Yes; we have a building set up for potential isolation if a client begins to show symptoms. If COVID symptoms increase, client would be moved to hospital for further treatment/testing before coming back to campus.

## **PROJECT UPDATE**

*Stephanie Perry, FACS Project Manager*

### **Implementation Team**

- A cross-divisional Department project team has been developed to implement the recommended treatment model.
  - Sponsorship of the project comes from:
    - Behavioral Health
    - Medicaid
    - FACS
    - Licensing and Certification.
- Project Team:
  - Medicaid Project Manager
  - FACS Project Manager
- Policy Team:
  - 3 Policy Analysts – FACS/Medicaid
  - 2 Program Specialists - FACS
  - 1 Program Specialist – Licensing and Certification
  - 1 Program Specialist – Behavioral Health

### **Implementation Plan**

- Three new components will be added to Idaho's continuum of care:
  - Assessment, Observation and Stabilization (AOS) Unit
  - Step Down Treatment
  - Community Capacity Building:
    - Autism
    - Medically Fragile
- Currently working on how to create the new treatment model using new licenses, funding streams, with possible new service locations and with new staff expertise.
- Since our last meeting, the Department has had over 80 meetings to work towards the implementation of the new treatment model.

### **Initial Service Concept**

- The policy team recommends coordinated care and management for individuals whose acuity exceeds traditional DD services.
- Through this coordinated approach, an intra-disciplinary team of specialists would meet the care management and professional service needs of an individual throughout their acute/subacute treatment.
- Services would be directed and provided by a team of professional and paraprofessionals rather than by a facility.
- The place where the person lives (AOS or Step Down) becomes a service location rather than facility delivering particular services.
  - Services would be tied to the individual rather than to the service location.

### **Proposed Services**

- Treatment Team Service - Health Home Authority

- Team of professionals (ex: psychiatrist, behavior analyst, social worker, nurse) who direct and provide treatment to individuals with DD and complex needs (must have two chronic conditions).
    - States with similar service: Delaware and New York
- Supervision Service – 1905(a) Rehabilitation
  - Care provided to one or more individuals who require 24-hour supervision.
  - Required components of the service include: Assistance in daily living skills, Behavior management, Assistance with medication, Skill building to improve resiliency, Restoration to competency (if needed)
    - States with similar service: North Carolina and New Mexico

#### A Recommended Approach

- Many states have used this authority for mental illness, complex medical, substance abuse, and SED.
  - The Health Home option became available in 2011. Since then, states have made significant strides in using this model to improve care coordination for Medicaid beneficiaries with complex needs.
  - As of November 2019, 20 states and the District of Columbia have a total of 35 approved Medicaid health home models (some states have multiple).
- Health Homes in Delaware and New York are targeting I/DD.
  - Idaho isn't re-inventing the wheel.
  - CMS and NASDDDS are promoting this authority to address this population's needs.

#### High-Level Timeline

- June-Aug 2020: High-level decisions on building setting, physical needs, and funding for AOS and Step Down.
- Sep-Oct 2020: Leadership approval on funding authority design; vetted by CMS as a viable solution.
- Jan 2020: Present plan to establish the new model to the 2021 Legislature.
- Jan 2021: Initiate rule promulgation process for 2022 Legislative Session.
- Jun 2021: Negotiated Rulemaking – Stakeholder feedback on draft rules for treatment model.
- Feb 2022: Legislative approval of rules.
- Jul 2022: Rules go into effect.

#### In general, how does this help? High-level benefits?

- Main benefit: very specific services precisely developed for each individual to stabilize, address/reduce acute and subacute needs, and transfer back into community. It allows control of variables in a timely manner to reduce the length of stay within the state system.
- Reduces cost over time due to shortened length of stay
- Significant difference from current system: Single-occupant dwelling vs group-dwelling/congregant living spaces. Individuals able to focus on themselves to learn and grow in the ways that they need to in order to be successful in the community.

Have the states which have implemented this seen measurable lower cost benefits and treatment successes?

- Yes; there is a lot of evidence-based research and development on how those teams work, and there has been a lot of success returning individuals to the community and continuing to support them there.

Have there been discussions about changes needed in the community to support continuity of care?

- CMS guidance will be important for this transition. This approach is mostly about funding AOS and step-down systems; the third prong is how to capacity build within the community. The cross-divisional approach is very helpful with this.

Community may be the weak link in this system—there needs to be a great focus on community-service building to prevent a lot of emergency/crisis services.

- The board would like more substance on *how* we plan to do resource building in the community.

Will community building be brought before the legislature in the next session?

- Yes; discussions are already in progress. It will be part of the overall plan.

### **BOARD DISCUSSION – NEXT STEPS**


- Plans will continue to be discussed for presentation to the legislature

*Miren Unsworth* proposed that the next Advisory Board meeting take in the late summer/early autumn 2020 – a poll will be sent out to determine the exact date.

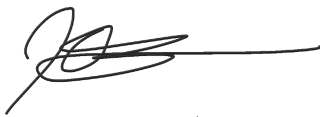
### **ADJOURNMENT**

The next meeting of the Board of Southwest Idaho Treatment Center is yet to be determined but will take place in the late summer or early autumn of 2020. There being no further business to come before the Board, *Chairperson Unsworth* adjourned the meeting at 9:57 AM.

Respectfully signed and submitted by:

  
\_\_\_\_\_  
Miren Unsworth, Chairperson

  
\_\_\_\_\_  
Ashley Dowell, Vice Chair

  
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Joshua Ortiz, Liaison to the Board

**MOTIONS**  
**By**  
**BOARD OF SOUTHWEST IDAHO TREATMENT CENTER**

**MEETING DATE:** May 22<sup>nd</sup>, 2020

**MOTION MADE:** I move that the Board of The Southwest Idaho Treatment Center approve the minutes of the November 1<sup>st</sup>, 2019 Board Meeting.

**MOTION BY:** Ashley Dowell

**SECONDED BY:** Senator David Nelson

**VOTE:** **Voice Vote:** X **Roll Call:** \_\_\_\_\_

	<i>Aye</i>	<i>Nay</i>	<i>Absent</i>	<i>Abstain</i>
Ms. Dowell	<u>X</u>	_____	_____	_____
Rep. Wagoner	<u>X</u>	_____	_____	_____
Hon. Onanubosi	_____	_____	<u>X</u>	_____
Ms. Beale	_____	_____	<u>X</u>	_____
Mr. Shankel	<u>X</u>	_____	_____	_____
Ms. Stover	_____	_____	<u>X</u>	_____
Mr. Brumfield	<u>X</u>	_____	_____	_____
Ms. Unsworth	<u>X</u>	_____	_____	_____
Mr. Smalley	<u>X</u>	_____	_____	_____
Ms. Hanson	<u>X</u>	_____	_____	_____
Mr. Topmiller	<u>X</u>	_____	_____	_____
Mr. Sandvig	<u>X</u>	_____	_____	_____
Sen. Nelson	<u>X</u>	_____	_____	_____